

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HEALTHWAYS INC. FEDERAL PAC

ADDRESS (number and street)

701 Cool Springs Blvd.

☐Check if different
than previously
reported. (ACC)

Franklin

TN

37067

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 9

through

1 2

3 1

2 0 0 9

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Alfred Lumsdaine

Signature of Treasurer

Electronically Filed by Alfred Lumsdaine

Date

0 1

1 9

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name

HEALTHWAYS INC. FEDERAL PAC

Report Covering the Period:

From:

M M
1 2D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		35914.74
(b) Cash on Hand at Beginning of Reporting Period	30097.29	
(c) Total Receipts (from Line 19)	2746.62	13855.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32843.91	49769.92
7. Total Disbursements (from Line 31)	49.13	16975.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32794.78	32794.78
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name

HEALTHWAYS INC. FEDERAL PAC

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1943.90	9138.90
(ii) Unitemized	802.72	4716.28
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2746.62	13855.18
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	2746.62	13855.18
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	2746.62	13855.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2746.62	13855.18

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	49.13	225.14	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	49.13	225.14	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16750.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49.13	16975.14	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49.13	16975.14	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	2746.62	13855.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2746.62	13855.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49.13	225.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.13	225.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
 Robert Caldwell

Mailing Address 4521 Beacon Drive

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period

38.46

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
 Robert Caldwell

Mailing Address 4521 Beacon Drive

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4448

Amount of Each Receipt this Period

38.46

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
 Bruce C. Crosby

Mailing Address 5237 Lysander Lane

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Vice President, Corporate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4436

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

201.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Bruce C. Crosby

Mailing Address 5237 Lysander Lane

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation

Vice President, Corporate Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4472

Amount of Each Receipt this Period

125.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Michael Davis

Mailing Address 517 Brixham Park Drive

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation

Director, Process Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period

100.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Michael Davis

Mailing Address 517 Brixham Park Drive

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation

Director, Process Excellence

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4451

Amount of Each Receipt this Period

100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Deborah Gray

Mailing Address 10371 172nd Ave. SE

City State Zip Code
Newcastle WA 98059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
Account Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4420

Amount of Each Receipt this Period

38.46

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Deborah Gray

Mailing Address 10371 172nd Ave. SE

City State Zip Code
Newcastle WA 98059

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
Account Management Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4455

Amount of Each Receipt this Period

38.46

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Patricia Jamieson-Montijo

Mailing Address 901 Bowring Park

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
VP Strategic Dev - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4423

Amount of Each Receipt this Period

40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

116.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
 Patricia Jamieson-Montijo

Mailing Address 901 Bowring Park

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 VP Strategic Dev - Clinical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4458

Amount of Each Receipt this Period

40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
 Jane Keyser

Mailing Address 902 Wilson Pike

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period

38.46

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
 Jane Keyser

Mailing Address 902 Wilson Pike

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director, Account Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4460

Amount of Each Receipt this Period

38.46

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

116.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Stephen A. Lindstrom

Mailing Address 33208 North Course View

City State Zip Code
 Franklin TN 36067

FEC ID number of contributing federal political committee.

C

Name of Employer
Healthways, Inc.Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4462

Amount of Each Receipt this Period

500.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Michael F. Moen

Mailing Address 201 Gillespie Drive
Apt. 5401

City State Zip Code
 Franklin TN 37067

FEC ID number of contributing federal political committee.

C

Name of Employer
Healthways, Inc.Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4429

Amount of Each Receipt this Period

38.46

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Michael F. Moen

Mailing Address 201 Gillespie Drive
Apt. 5401

City State Zip Code
 Franklin TN 37067

FEC ID number of contributing federal political committee.

C

Name of Employer
Healthways, Inc.Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4464

Amount of Each Receipt this Period

38.46

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

576.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
 Michael F. Montijo

Mailing Address 901 Bowring Park

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Senior VP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4430

Amount of Each Receipt this Period

40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
 Michael F. Montijo

Mailing Address 901 Bowring Park

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Senior VP Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4465

Amount of Each Receipt this Period

40.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
 Kristi L. Morrow

Mailing Address 492 Forest Park Circle

City State Zip Code
 Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director, Ent Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4431

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

205.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Kristi L. Morrow

Mailing Address 492 Forest Park Circle

City State Zip Code
Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
Director, Ent Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4466

Amount of Each Receipt this Period

125.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Vicki Shepard

Mailing Address 14 Compton Place

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

904.59

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4440

Amount of Each Receipt this Period

47.61

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)

Vicki Shepard

Mailing Address 14 Compton Place

City State Zip Code
Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4476

Amount of Each Receipt this Period

47.61

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

220.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)
 Robert Stone

Mailing Address 1936 Bristol Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Executive VP/CSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

798.92

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4443

Amount of Each Receipt this Period

38.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)
 Robert Stone

Mailing Address 1936 Bristol Court

City State Zip Code
Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Executive VP/CSO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.92

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4479

Amount of Each Receipt this Period

38.00

Payroll Deduction

C.

Full Name (Last, First, Middle Initial)
 Roy R Trumble

Mailing Address 3104 Bruce Gardens Circle

City State Zip Code
Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Healthways, Inc.

Occupation
 Director BU Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4469

Amount of Each Receipt this Period

25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

101.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HEALTHWAYS INC. FEDERAL PAC

A.

Full Name (Last, First, Middle Initial)

Charles Wochomurka, III

Mailing Address 2009 John J Court

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period

40.00

Payroll Deduction

B.

Full Name (Last, First, Middle Initial)

Charles Wochomurka, III

Mailing Address 2009 John J Court

City

Franklin

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Healthways, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4480

Amount of Each Receipt this Period

40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

1943.90